


## CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (Rev. 5/99)

1. CIR./DIST./ DIV. CODE H1XHO		2. PERSON REPRESENTED <b>SAMUEL K. KAAUWAI, III</b>		VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER CRIMINAL NO. 03-00248 DAE		5. APPEALS DKT./DEF. NUMBER	
7. IN CASE/MATTER OF (Case Name) USA vs. SAMUEL K. KAAUWAI, III		8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal		9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other	
10. REPRESENTATION TYPE (See Instructions)					
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense.</i> 18 USC 922					
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS  EMMETT E. LEE LOY ( # 5689 ) 758 KAPAHULU AVENUE, SUITE 429 HONOLULU, HAWAII 96816  Telephone Number : (808) 922-0455			13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input checked="" type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel  Prior Attorney's <u>CLAYTON K. KIMOTO, ESO</u> Appointment Dates: <u>September 21, 2006</u> <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR <input type="checkbox"/> Other (See Instructions)		
14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)			Signature of Presiding Judicial Officer or By Order of the Court  <u>JANUARY 9, 2007</u> Date of Order      Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO		

CLAIM FOR SERVICES AND EXPENSES				FOR COURT USE ONLY		
CATEGORIES <i>(Attach itemization of services with dates)</i>		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH. ADJUSTED HOURS	MATH/TECH. ADJUSTED AMOUNT	ADDITIONAL REVIEW
15.  <						

19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE TO: _____		20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION	
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment					
Have you previously applied to the court for compensation and/or reimbursement for this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO      If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO      If yes, give details on additional sheets. <b>I swear or affirm the truth or correctness of the above statements.</b> Signature of Attorney _____ Date _____					

APPROVED FOR PAYMENT — COURT USE ONLY					
23. IN COURT COMP.		24. OUT OF COURT COMP.		25. TRAVEL EXPENSES	
26. OTHER EXPENSES		27. TOTAL AMT. APPR./CERT.			
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER				DATE	
28a. JUDGE/MAG. JUDGE CODE					
29. IN COURT COMP.		30. OUT OF COURT COMP.		31. TRAVEL EXPENSES	
32. OTHER EXPENSES		33. TOTAL AMT. APPROVED			
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) <i>Payment approved in excess of the statutory threshold amount.</i>				DATE	
34a. JUDGE CODE					

**UNITED STATES DISTRICT COURT**

DISTRICT OF HAWAII  
300 ALA MOANA BLVD. RM C-209  
HONOLULU, HAWAII 96850

KEVIN S.C. CHANG  
UNITED STATES MAGISTRATE JUDGE

TELEPHONE: (808) 541-1308  
FAX: (808) 541-3519

January 9, 2007

Emmett E. Lee Loy, Esq.  
758 Kapahulu Avenue  
Suite 429  
Honolulu, Hawaii 96816

Re: U.S.A. vs. SAMUEL K. KAAUWAI, III  
CRIMINAL NO. 03-00248 DAE

Dear Mr. Lee Loy:

Thank you for accepting the court's appointment to represent Samuel K. Kaauwai, III in the above-entitled matter.

Enclosed are your appointment voucher, worksheet and instructions for your use.

As a reminder, any withdrawal and substitution of counsel, whether the substitute counsel is a panel attorney or a retained attorney, must have the prior approval of this court.

Very truly yours,



Kevin S.C. Chang  
United States Magistrate Judge

KSCC:waa  
Enclosures